

EXHIBIT Q

1 In The United States District Court
2 For the District of South Carolina
3 Columbia Division
4 C.A. No. 3:14-cv-03577-CMC-KDW

6 AFRAAZ R. IRANI, MD,)
7 Plaintiff,)
8 vs.)
9 PALMETTO HEALTH; UNIVERSITY OF)
SOUTH CAROLINA SCHOOL OF MEDICINE;)
10 DAVID E. KOON, JR., MD, ETC.,)
JOHN J. WALSH, IV, MD, ETC.,)
11 Defendants.)
12)

13 DEPOSITION

14 WITNESS: AFRAAZ IRANI, MD

15 DATE: June 30, 2015

16 TIME: 9:00 a.m. - 7:05 p.m.

17 LOCATION: Ogletree Deakins
1320 Main Street
Columbia, South Carolina

18

19 TAKEN BY: Attorneys for the Defendants

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21 REPORTED BY: KATHRYN J. LINDLER

23 COMPUSCRIPTS, INC.
Client Focused. Deadline Driven.
24 CHARLESTON COLUMBIA HILTON HEAD GREENVILLE MYRTLE BEACH

25 1-888-988-0086

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1 things.

2 A. Right.

3 Q. You filed a common application that you used for
4 Palmetto Health, correct?

5 A. Correct. You're specifically mentioning the
6 Electronic Residency Application System?

7 Q. Hm-hmm. Correct.

8 A. I did apply through that, correct.

9 Q. Did you use any other form of application for the
10 residency program here in Columbia?

11 A. I don't know if Palmetto Health required a
12 supplemental application. I don't believe at the time they
13 did. I know several programs did. Maybe Dr. Koon could
14 answer that question better.

15 Q. He's finished. He doesn't have to answer anymore
16 questions.

17 A. He doesn't have to answer. I know.

18 Q. Did you interview here?

19 A. I did.

20 Q. With whom did you interview?

21 A. Dr. Hoover, Dr. Voss and Dr. Koon.

22 Q. Dr. Hoover at the time was a chief resident or
23 about to become a chief resident?

24 A. No, he was PGY3 I believe.

25 Q. The residency program for orthopedics is a

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1 five-year program, right?

2 A. It's a five-year program, yes, ma'am.

3 Q. One becomes a chief resident at PGY what?

4 A. So at Palmetto Health one becomes a chief
5 resident at PGY5. Chief resident can vary how they call
6 someone a chief resident from institution to institution,
7 but here the chief resident is synonymous with the PGY5
8 year has been my understanding. I don't know if it's been
9 explicitly codified anywhere in writing that's what it is,
10 but my assumption has always been it's the PGY5 year, yes,
11 ma'am.

12 (WHEREUPON, Defendant's Exhibit

13 No. 1 was marked for

14 identification only.)

15 Q. The court reporter has handed you a document
16 marked as Defendant's Exhibit Number 1. This was provided
17 I believe by USC in discovery. Have you ever looked at
18 this?

19 A. I have seen this.

20 Q. Do you know what it is?

21 A. So I've only reviewed the documentation. I've
22 had no background. So I'm assuming it's the -- at the top
23 it says orthopedic applicant interview review, and again I
24 guess what I'm doing is giving my interpretation.

25 Q. Certainly.

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1 troubling and not something that's a high point in my life.

2 Q. But you don't think you were fairly terminated
3 from the program, do you?

4 A. No.

5 Q. So you chose not to explain to individuals why
6 you were --

7 A. I took a three-day hearing in California and I
8 was on the stand for over eight hours just to go through
9 all the allegations. It's, it's -- it gets me incredibly,
10 emotionally incredibly worked up to relive this each time.
11 It was probably the most traumatic event I've been through
12 in my life, central event in my life. I still have
13 nightmares about it. I'm not going to revisit it if I
14 don't have to.

15 Q. You chose what you allowed these folks to know
16 then?

17 MR. ROTHSTEIN: Object to the form of the
18 question.

19 A. I chose what I allowed these folks to... I mean I
20 generally am in control of my own words.

21 (WHEREUPON, Defendant's Exhibit
22 No. 2 was marked for
23 identification only.)

24 Q. The court reporter has handed you a group of
25 documents marked as Defendant's Exhibit Number 2. They're

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1 A. Family.

2 Q. Was it a vacation or what?

3 A. It was family. I prefer not to get into the
4 details of it.

5 Q. Were you aware that Dr. Koon served in the
6 military?

7 A. He did his residency at Eisenhower I believe. I
8 think -- so, okay. My assumption I think is based on the
9 fact I believe that his residency -- I think it's at
10 Eisenhower and I believe that's a military institution. So
11 that is my assumption, yes.

12 Q. Were you aware that Dr. Walsh served in the
13 military?

14 A. That is also my assumption. I don't know if I've
15 ever seen it black and white, but I mean I was told that
16 this is a military program, we have military-trained
17 attendings, that's how it's run here. So do I have
18 independent verifiable confirmation of that, I don't think
19 so, but I think it was repeated to me multiple times.

20 Q. What does that mean it's a military program?

21 A. So here it meant grin and bear it, yes, sir/no,
22 sir, don't open your mouth, sir. Grin and bear it. That's
23 what was said to me.

24 Q. Did other residents think that?

25 A. Yes, ma'am.

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1 Q. Tell me some examples where other residents said
2 grin and bear it.

3 A. Dr. Finn told me that when I was -- I had just
4 got here, said this is a military program, this is a grin
5 and bear it program. I was told by I believe Andy Duffy
6 don't ever open your mouth in conference, it only gets you
7 in trouble. If you have a question, don't ever, don't ever
8 ask a question, it only gets you in trouble, don't open
9 your mouth. Duffy told -- we were standing in the parking
10 lot, he turned to Goodno and said Goodno you're going to,
11 you're not going to finish the program, because you're
12 going to die from a heart attack and Irani you won't finish
13 the program because Dr. Koon won't let you.

14 Q. Or did he say Dr. Koon will kill you?

15 A. One of the two. One of the two. Now I don't
16 think -- Duffy didn't mean it literally.

17 Q. I assume he didn't. Did he mean that you would
18 challenge Dr. Koon?

19 A. No. Okay. Again I'm speculating on why he said
20 that. I don't know why he said that. I have never
21 challenged Dr. Koon. I -- in California -- it's yes,
22 sir/no, sir, yes, ma'am/no, ma'am. It's something that I
23 have never said in my -- probably the first time I said it
24 was probably in my orthopedic surgery. It almost just
25 sounds foreign when people say that. I've had people -- it

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1 those are some I can think of right now.

2 Q. When did Duffy tell you this?

3 A. Tell me what?

4 Q. The comments that you said he made in the parking
5 lot.

6 A. It was my PGY1 year. Harrison and I were
7 together. It was on the I believe the third floor of the
8 Palmetto Health parking garage. It's the one that connects
9 right to the second floor of the hospital. You walk out,
10 clinic parking level garage, we were, if I could draw it
11 out for you where we were standing.

12 Q. That's not really --

13 A. The door was --

14 Q. I don't care where you were standing.

15 A. The door was to my right. Duffy was right here
16 and Harrison Goodno was right here.

17 Q. I'm just asking when.

18 A. I know it's in my PGY1 year. I believe it was at
19 a time that I predicated my rotation in orthopedics, but I
20 don't know exactly when in my PGY1 year.

21 Q. In your PGY1 year do you really have much to add
22 to conversation as an intern?

23 MR. ROTHSTEIN: Object to the form of the
24 question.

25 A. So -- in medical school I would often give

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1 presentations. I would suggest articles for a journal
2 club. I would present patients. I would see them on my
3 own. I think part of what encourages you to really take
4 your education serious and take ownership of your education
5 is knowing that you could read up on something and present
6 something. When I rotated with medical students, I would
7 say what do you think about this and they would go home and
8 do a research -- they would research it. If they read the
9 whole chapter on subcapital femoral fractures, something
10 like that, come back the next day, they might know more
11 than me, okay. They might know more than me as a PGY5. If
12 they read up on some really minuscule detail, they come
13 back and do a grand rounds presentation to hospital staff,
14 they might know more than me. I'm not above that, and I
15 think it's important to take ownership of your education.
16 This was always preached to me in medical school. This is
17 what was preached to me always. Now who knows more.
18 Obviously the attendings. They have seniority. They've
19 been there far longer. My chief residents know more, but
20 part of it is always asking questions when you want to
21 learn more so you learn what went behind the decision
22 making and always remember to bring something to the table.
23 Dr. Bynoe preached this as well. Dr. Bynoe on rounds would
24 almost require us to bring journal club articles as an
25 intern and present it and -- I actually don't recall what

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1 the specific one I brought was, but again it was something
2 that he didn't know and he was appreciative of medicine as
3 being a lifelong learner and you shouldn't be
4 discriminative of where that source of information comes
5 from. You should respect those with more education and
6 more years than you, but you should also want to take
7 ownership and learn more yourself. So to answer your
8 question, I would say if you asked that to almost any
9 faculty member at Stanford University where I trained
10 medical school, the way I was taught was everybody had
11 something to contribute to the team.

12 Q. Did Stanford do its medical school grades
13 pass/fail?

14 A. They do, yes, ma'am.

15 Q. No letter grades?

16 A. Uh-uh.

17 Q. Do you know why they do that?

18 A. So it's a little bit of a philosophical change
19 that medicine is a team sport, okay. Everybody has to look
20 out for everybody else. Now if it's a competitive
21 environment and let's say there's a patient who has, I
22 don't know, hypertriglyceridemia causing pancreatitis and
23 I've been seeing this patient all week and I know this
24 patient inside and out. Now when that other medical
25 student comes on rotation, I can do two things. I can say

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1 A. I think residency programs should engender
2 teamwork.

3 Q. Does this residency program try to engender
4 teamwork?

5 A. I think teamwork is necessary given the stress of
6 the program. You can't do it without teamwork.

7 Q. Does this residency program try to engender
8 teamwork? Were you expected to be part of a team?

9 A. I was expected to be part of a team, yes. I
10 think it was --

11 Q. You've answered my question, thank you.

12 A. Okay.

13 Q. Tell me about the time that Dr. Koon called you
14 Achmed the dead terrorist.

15 A. He didn't.

16 Q. He did not? Do you know who Achmed the dead
17 terrorist is?

18 A. So that was not what he called me. So let me
19 take a step back. You want to know about that time. Let
20 me explain to you what this means to me.

21 Q. No. I'm asking you that question. If there are
22 things that --

23 A. He did not say the word dead.

24 Q. Achmed the terrorist?

25 A. Yes, ma'am.

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1 Q. Tell me about that.

2 A. Well, it happened more than once.

3 Q. Tell me each time that it happened.

4 A. I don't remember each individual time, but I can
5 give you at least a couple illustrative examples.

6 Q. And I want to know who was present each time.

7 A. Okay.

8 Q. I don't want illustrative times. I want to know
9 the times.

10 A. Ma'am, you're asking me about something that
11 happened on a recurring basis. I don't think I'm going to
12 go home and catalog each time that somebody says something
13 to you. I'm not going to go home and catalog each time
14 Dave calls me on the phone. I am going to remember, I am
15 going to remember things that are very vivid to me and
16 things that I think are very insulting to my background and
17 history of my people and this was -- this was -- this is
18 not something to take lightly. I will say what I remember,
19 but I'm just saying for the record that I cannot remember
20 every single episode. Now to get back to your question.

21 Q. How many times did he call you this?

22 A. Probably a handful of times. I'll give you a
23 couple of examples. The first one --

24 Q. I don't want a couple of examples. You're saying
25 he called you this probably five times, correct?

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1 A. Yes, ma'am.

2 Q. Time number one.

3 A. Dr. Koon referred to an episode yesterday. It
4 was in prison clinic. Dr. Koon was sitting there at his
5 computer. I believe Dr. Goodno and Dr. Hoover were there I
6 believe. I do not know. Franny was in the hallway. I was
7 in the hallway. So the question is was Hoover and Goodno
8 party to the conversation, I'm not a hundred percent sure.
9 And that's the incident.

10 Q. That's not the incident. Tell me about --

11 A. What do you want to know?

12 Q. -- what he said. What led to it?

13 A. First of all, I think calling somebody that is
14 kind of --

15 Q. Did you have a beard? Did you come in and not
16 previously have a beard and have a beard that day?

17 A. I did not grow a beard in one day.

18 Q. You could have been gone?

19 A. I don't, I don't...

20 Q. Did you have facial hair that was different than
21 it had been previously?

22 A. I had facial hair and I think I had it for a
23 while. Okay. I don't know -- now Dr. Koon said yesterday
24 that Franny hadn't seen me in awhile. I don't know if
25 Franny had seen me in a different appearance or not, but in

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1 the residency program that wasn't the first day I showed up
2 with facial hair. Dr. Koon is alleging that's the first
3 time Franny seeing and I'm not going to argue with that if
4 that's the case, but your question was was that the first
5 day and I would say no.

6 Q. Do you recall Franny commenting on your facial
7 hair?

8 A. She might have.

9 Q. Do you know whether or not Dr. Koon commented at
10 that point?

11 A. It probably was about the same time I believe.
12 It probably was, because he was saying, you know, he was
13 commenting -- he was attributing my appearance to that and
14 I think he incorrectly assumed some of the facial hair is
15 consistent with somebody who is at the height of human
16 depravity which I think is awful.

17 Q. You're saying -- you're assuming that Dr. Koon
18 was attributing someone with facial hair to someone at the
19 height of depravity, is that what you just said?

20 A. If you're -- your question is implicitly saying
21 that did he make that comment because I had facial hair,
22 okay, and I'm saying it could be and if he is, then he's
23 assuming facial hair and my appearance is attributable to
24 something that I hope we can all agree is not something
25 that should be tolerated. Does that clarify?

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1 Q. Did he laugh?

2 A. Did who laugh?

3 Q. Did Dr. Koon laugh?

4 A. I'm sure he did.

5 Q. Did you tell him you didn't think it was funny?

6 A. I cannot confront Dr. Koon.

7 Q. You couldn't say that offended me?

8 A. I can't even tell Dr. Koon to please look at the
9 chart and verify if your allegation is true. You think I'm
10 going to confront him with something about as inflammatory
11 as I think that comment is racially insensitive when I
12 can't even say Dr. Koon please look at the chart to verify
13 the facts.

14 Q. If it bothered you that much, you couldn't say
15 that?

16 A. Ma'am, I don't think you understand how bad the
17 situation was.

18 Q. When was this?

19 A. This was my PGY2 year.

20 Q. When in it? You went from --

21 A. This was towards the latter half. I don't recall
22 when.

23 Q. Was it after the beginning of the year of 2012?

24 A. This specific incident?

25 Q. Yes.

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1 A. I don't recall when exactly it was. I know it
2 was the latter half of my PGY2 year. I know you would like
3 more things, but as Dr. Koon alluded to yesterday this
4 happened several years ago. I can remember the incident,
5 but I don't remember the exact date and time. I'm sorry.

6 Q. Had you been suspended yet?

7 A. I don't know. I was thinking about this
8 yesterday. I don't know if it's before or after.

9 Q. Is that the first instance?

10 A. No.

11 Q. When was the first instance? Where does this
12 fall?

13 A. Okay, let me take a step back. You asked me to
14 list all five. I don't know the chronology, okay. So
15 another incident was when I was on I think 7 West, 7 West or
16 7 East. It was the orthopedic floor. And I was seeing a
17 patient there and Dr. Koon came in there and some of the
18 nurses were there and he made the same comment.

19 Q. What comment did he make? You can't just say
20 made the same comment. Tell me what he said. What did
21 anyone say prior to it and what did he say. I want to know
22 the conversation.

23 A. You know, if somebody calls you --

24 Q. If someone calls me a whore, I'm going to
25 remember the conversation. They may not remember it.

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1 A. And that's why I remember these --

2 Q. But I'm going to remember it.

3 A. That's why I remember this very explicitly, but
4 you're asking was there --

5 Q. I'm asking the conversation.

6 A. -- was there an extended conversation between
7 myself and Dr. Koon, no.

8 Q. No, no, no. That's not what I'm asking.

9 A. There was not a conversation happening. There
10 was no conversation.

11 Q. Who was present?

12 A. Dr. Koon and the -- it was the nurse's station.

13 Q. There are normally nurses and sometimes other
14 doctors or residents in a nurse's station.

15 A. There were no doctors or residents at that time.

16 Q. It was just you and Dr. Koon? No nurses?

17 A. There might've been a few nurses. It was not in
18 the morning. It was towards the middle of the day.

19 Q. You don't know if anyone else heard this or not?

20 A. I know there were people in the general vicinity.
21 I think he may have been saying it as sort of a general
22 thing to the nurses, the tech, the staff in this sort of
23 work area, and the comment was hey look there is...

24 Q. There is what? There is matters. The words
25 matter.

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1 A. The words matter, but I don't think the words
2 should be taken lightly. I think people -- let me just
3 finish --

4 Q. Listen, I am not taking anything lightly. We
5 wouldn't be here today if I took anything lightly. So
6 let's go ahead and take that one off the table, okay, and
7 just move forward and I need you just to tell me what was
8 said and in what context.

9 A. Okay. The incident hey look there's, you know,
10 Achmed the terrorist again when I was at the nurse's
11 station and I was -- had a folder in my hand.

12 MS. THOMAS: Dr. Irani, I cannot understand. You
13 dropped your voice and I can't understand what you said.
14 It's very important that I hear you say what it is you
15 think you're saying that Dr. Koon said. Would you
16 please --

17 A. You want the actual phrase of what he called me?

18 MS. THOMAS: I want the answer to her question
19 which is we want to hear the words that you say that
20 Dr. Koon said and I need you to say it loudly enough so
21 that everybody in the room can hear it please.

22 Q. Did you turn and look at anyone?

23 A. Do you want me to repeat that?

24 Q. You can repeat it. That's fine.

25 A. So Dr. Koon said, I think it was along the lines

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1 hey look there's Achmed the terrorist.

2 Q. Did anyone respond?

3 A. I think there was some sort of little nervous
4 chuckles here and there and then people just moved on.

5 Q. Did you turn and look at anyone?

6 A. I might've, I might've looked towards one of the
7 people, the nurses on the floor or something like that.

8 Q. But you can't tell me who it was? You don't have
9 a clue who it was?

10 A. I think it was one of the case managers.

11 Q. One of the case managers?

12 A. Yes, ma'am.

13 Q. Did you make any kind of remark back?

14 A. No.

15 Q. Did anyone say anything to you afterwards?

16 A. No. Franny told me actually at the prison clinic
17 that was inappropriate.

18 Q. When did this instance fall on 7 West?

19 A. I wish I had a better timeline for you. I don't
20 have a specific date.

21 Q. At this point you said this was late in your PGY2
22 year, right?

23 A. I'm saying PGY2 year was when I was on active
24 clinical duty which is going to be June through the end of
25 February, okay, so. I think that's about seven-eight month

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1 period. So it wasn't in the first I think three or four
2 months is my point. So latter half would probably involve
3 November, December, January, February.

4 Q. November through February?

5 A. If I had to ballpark a guess, ma'am, that's when
6 I would say.

7 Q. By this time were you starting to document things
8 within the program?

9 A. Was I starting to document things within the
10 program. I was documenting certain things.

11 Q. What things were you documenting?

12 A. I was documenting things that Dr. Koon had asked
13 me directly to -- had directly accused me of. So he
14 accused me of being late so I started documenting my
15 attendance. He accused me of acting inappropriately with
16 certain patients so I documented that. So my documentation
17 was always in response to Dr. Koon's allegations.

18 Q. You documented your attendance, but you didn't
19 document the instances when Dr. Koon called you Achmed the
20 terrorist?

21 A. Well, this was not an issue with Dr. Koon that I
22 would go in front of him and say you -- part of my
23 remediation plan was to document when you say certain --
24 what I think are inconsiderate racial slurs. His thing was
25 you do XYZ so I had to address what he was going to -- what

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1 he wanted me to address.

2 Q. That's two instances. What's number three?

3 A. Ma'am, I can't remember exactly the specifics.

4 There were a handful of them. Those are two I can remember
5 specifically.

6 Q. Where was number three?

7 A. I don't have specifics. I think they were in the
8 hospital somewhere.

9 Q. Who was present with number three?

10 A. I can't give you more specific details. I really
11 would be reaching there. I don't want to say anything on
12 the record that might be misleading or possibly false.

13 Q. Why do you believe it was said five times if you
14 can't remember anything about it?

15 A. I didn't say five times. I said a handful.

16 Q. Okay.

17 A. I wish I could be more specific with you.

18 Q. Well, I wish you could too, because --

19 A. I wish I could too. I'm sorry.

20 Q. -- you know, it's pretty important.

21 A. Listen, my job is to sit here and be as honest as
22 I can with you and that's what I'm doing with you today.
23 I'm sorry. That's all I can do for you and I hope you can
24 understand that.

25 Q. Okay, but this is something that you found wholly

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1 unacceptable, correct?

2 A. Yes, ma'am.

3 Q. But you can't remember the other instances?

4 A. If I knew that I was going to be sitting here and
5 there's a certain threshold of appropriate behavior based
6 on a number of specific instances, maybe I should have
7 documented it, but I thought this would be something that
8 is fairly obvious to most people that I would not have to
9 sit here and enumerate each individual time.

10 Q. Do you know if Palmetto Health has an ombudsman?

11 A. I've never spoken to an ombudsperson. I'm not
12 exactly even sure what they are. And I don't know if
13 Palmetto Health does. They might.

14 Q. Did you ever look into it?

15 A. I don't believe I had much time to look into too
16 much of anything, but, no, I don't think I did.

17 Q. Did you contact anyone at HR about Dr. Koon
18 making these comments?

19 A. Did I comment to anyone at HR. Is Dr. Stephens
20 in HR?

21 Q. No, she's not.

22 A. So who's in HR? Like I know Lin Hearn, Gwen
23 Hill.

24 Q. Did you investigate whether anyone in human
25 resources could help you?

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1 A. I did not contact -- so I did not -- so your
2 question is did I contact Palmetto Health HR about this?

3 Q. Correct.

4 A. I don't believe I contacted Palmetto HR about
5 this. In the process of my grievance council I worked with
6 Palmetto HR in which those allegations became known.

7 Q. I'm not --

8 A. Yeah, I'm just being clear. Okay.

9 Q. I'm not going there. At the time these comments
10 were made and you were deeply offended, did you contact
11 anyone in HR about the comments having been made?

12 A. At that time Palmetto Health HR I believe no.

13 Q. Did you go talk with Dr. Stephens?

14 A. I spoke with Dr. Stephens I believe in about
15 January and at several points I had mentioned to her that
16 there is a cultural difference here, I'm being treated
17 disparately from my co-residents. I said I believe it's my
18 cultural background and by, by January I had mentioned to
19 her -- I had given her the specific I believe of saying
20 there's Achmed, but the complaints about cultural
21 differences, the complaints about being treated differently
22 based upon that were existing with Ms. Stephens.

23 Q. Cultural differences being South Carolina and
24 California?

25 A. No, ma'am. Cultural differences being comments

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1 that are alluded to when you're making bad comments related
2 to someone's perceived I think background, i.e. Achmed the
3 terrorist.

4 Q. Were there any other comments other than those?

5 A. You know, there's sort of underhanded comments
6 about, you know, if Dr. Irani, the patient might see him or
7 he might blow the place up, et cetera. This comment
8 happened at prison clinic as well with respect to the
9 security scanners, because prison clinic has --

10 Q. Who said that?

11 A. I believe it was Dr. Koon as well.

12 MS. THOMAS: Dr. Irani, I'm going to have to ask
13 you to speak up. You know, a lot of people have to be in
14 attendance today and we all need to be able to hear. Thank
15 you.

16 A. I apologize.

17 Q. You think it was Dr. Koon that said you might
18 blow the place up?

19 A. So it was me with -- so when you go to prison
20 clinic, there are x-ray security machines and the comment
21 at that point was made that, you know, Dr. Irani will
22 either somehow sneak something by or find a way to blow the
23 place up, et cetera.

24 Q. Again the comment was made by?

25 A. By Dr. Koon, yes, ma'am.

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1 Q. When was this?

2 A. I believe it was -- it was either that same one
3 or a different one. I don't know.

4 Q. I have no idea what you're talking about. That
5 same one what?

6 A. I'm sorry, the same -- because prison clinic --
7 the previous instance was at prison clinic with Franny. So
8 it was either that same meeting with the comment with
9 Franny there or it was a different meeting. Prison clinic
10 is usually held about once a week. So this is not an every
11 day occurrence. So it's going to be one of those prison
12 clinic days which are Monday or Wednesday I believe, or
13 Tuesday.

14 Q. There are cultural differences in South Carolina
15 and California, aren't there?

16 A. Sure.

17 Q. Did you run into some problems with those?

18 A. There's sort of a southern gentile way of
19 approaching patients and I think problem is a harsher, but,
20 yes, I had some ways to adjust in terms of how do I
21 approach patients, how do I communicate with patients and
22 that was conveyed to me by Dr. Bynoe and Dr. Mark Jones
23 about sort of the southern gentile.

24 MS. THOMAS: Again, Dr. Irani, can you speak up
25 please.

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1 A. This document -- yeah. This document is
2 addressing that time period, yes, ma'am.

3 Q. There's nothing in this document, is there, that
4 causes it to automatically rollover for the next year?

5 A. This document does not stipulate to an automatic
6 rollover, no, ma'am.

7 Q. If you look at subsection number 10.

8 A. Let me take a step back actually. Do you mind if
9 I read through this document a little more?

10 Q. Sure.

11 A. Subsection 6 actually talks about promotion and
12 reappointment on the basis of acceptable periodic
13 competency-based evaluations. So that is essentially to me
14 consistent with what we've been taught as long as you have
15 an acceptable performance that you are actually guaranteed
16 to go onto the next year. That's how I'm reading section 6
17 actually.

18 Q. But it qualifies it, doesn't it?

19 A. Right.

20 Q. Right.

21 A. If you are proceeding appropriately, then you go
22 onto the next year.

23 Q. But only, but only if you're proceeding
24 appropriately?

25 A. Right.

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1 Q. You complained to the ACGME that Palmetto Health
2 was not meeting their obligations to the ACGME, didn't you?

3 A. Obligations to the ACGME, yes, ma'am.

4 Q. The ACGME replied what?

5 A. They said they do not adjudicate individual
6 matters.

7 Q. Didn't they also later on find that there were no
8 breaches, that Palmetto Health was in compliance?

9 A. I was told that the ACGME does not adjudicate
10 individual matters and that was what I was told. In
11 documentation that has been provided to me in discovery, I
12 have been provided documents that were sent in from the
13 ACGME to I believe Kathy Stephens. In that document what
14 it was said was we're not proceeding any further. That
15 document was not made available to me or at least I have no
16 knowledge of that prior to today. My communication
17 response to ACGME when all this came down was simply we do
18 not adjudicate individual matters.

19 Q. They also asked you to be able to share documents
20 with the program director and the DOI, did they not?

21 A. They did.

22 Q. So that they could go forward with things, did
23 they not?

24 A. They did.

25 Q. And get a response from the program director and

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1 for me to look back and tell you three-four years later
2 down the road exactly what time I left the hospital a
3 specific time which is why I'm having a little difficulty
4 with the question. I apologize.

5 Q. But it was a big enough deal that you turned in a
6 report to the ACGME after you got in trouble, right?

7 A. I think it was always a big enough problem.

8 Q. But you didn't prior to being in --

9 A. I wanted to finish my residency. That's the only
10 way residency works.

11 Q. Prior to that point you had not made any kind of
12 report to the ACGME, had you?

13 A. Prior to -- I only made one report to the ACGME.
14 So prior to that report, I don't have any reports to the
15 ACGME.

16 Q. I think you testified just a second ago, and
17 correct me if I'm wrong, but you talked to your brother,
18 one of your brothers who is a doctor?

19 A. Correct.

20 Q. In August of 2011 and he made the comment that
21 they're trying to fire you.

22 A. Correct.

23 Q. Or they're going to fire you, one of the two.

24 A. Correct.

25 Q. And that you better get to know the rules, right?

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1 process of being targeted to be fired, I wonder if the
2 issue of tardiness had come up.

3 A. Well, he read the document. The document has the
4 accusations as set forth by Dr. Koon and he asked me what
5 happened and I got a chance to explain, got a chance to
6 discuss about it which is something I did not get a chance
7 to do with Dr. Koon and so after his discussion it sounds
8 like, he heard my side of the story, he has been through
9 residency, he understands what an internship is. He
10 understands the demands of a PGY1, PGY2. He understands
11 the structure. So we were able to communicate on that
12 level and I don't have much more to offer.

13 Q. You say that Dr. Koon -- what did you just say?
14 Dr. Koon never let you discuss?

15 A. Correct.

16 Q. How many times did Dr. Koon ask you for input
17 about specific issues that were of concern?

18 A. Give me a moment to think.

19 Q. Let me put it like this. Was there ever an issue
20 serious enough that Dr. Koon and/or Dr. Walsh dealt with
21 with you that you weren't allowed to give your side of
22 things?

23 A. Absolutely. I mean broadly speaking I'd say
24 first of all the August 15, 2011, memo was presented to me
25 and my side of the story was not heard. I asked for

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1 clarification and clarification was refused. So all those
2 accusations at that meeting I was never given the chance to
3 have a discussion and get feedback. Now prior to that he's
4 going to reference the e-mail to Roy Butler, yes. He
5 did -- I'm sorry. That needs to be taken off the record.

6 Q. It's not going to be taken off the record.

7 A. Okay. It's a patient's name. Mr. B, the patient
8 was Mr. B, he asked me to send a response in a month after
9 the patient incident. So with that patient incident he
10 told me to write up an explanation of what happened.
11 August 15, 2011, memo, no discussion, no explanation of any
12 of those conclusory statements. The trauma female 375 he
13 never spoke with me. There are other ones as well.

14 Q. What do you mean he never spoke -- he never spoke
15 with you before the issue was raised with you or he never
16 spoke with you about it period?

17 A. He never spoke with me before the issue was
18 raised?

19 Q. Is that what you are saying?

20 A. I'm trying to understand your question.

21 Q. I'm trying to understand your answer.

22 A. If the issue hasn't been raised, how can he speak
23 with me.

24 Q. You're telling me that at different points --
25 never mind. It will come clear as we go forward.

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1 be how ACGME mandated it happens. I mean he's a CEO. In
2 general has the word chief in it. So if you're asking in
3 general do I think CEOs are powerful.

4 Q. No. You've -- I did not ask that question.

5 You've answered my question.

6 A. Okay.

7 Q. When you were placed on remediation originally,
8 did you feel like you were watched more closely for errors?

9 A. That's what Dr. Guy told me. He said the
10 spotlight's on you, so.

11 Q. Because you had been placed on remediation?

12 A. Hm-hmm.

13 MR. ROTHSTEIN: I'm sorry. I'm just reminding
14 him try to say yes or no instead of uh-huh.

15 A. I'm sorry.

16 Q. Thank you. What else did Dr. Guy tell you?

17 A. So I had several meetings with Dr. Guy. First,
18 so, you know, we spoke during -- so I had two months on
19 hand and then I had two months on sports. We spoke during
20 sports rotation. He said overall you're doing fine.
21 Surgical skills it's almost too early to tell at this
22 point, but you're doing fine. Just work hard, you're on
23 remediations, spotlights are on you. After my suspension I
24 spoke with Dr. Guy Sunday December 18 and I expressed to
25 him that I was really disappointed, because I was told that

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1 I was being suspended to do an investigation with regards
2 to trauma female 375 and I get a letter dropped in my box,
3 not even a courtesy phone call, I get an e-mail saying
4 there's a letter in your box, it's a letter from Dr. Koon
5 saying you've been placed on suspension, and I was told
6 explicitly the purpose of my suspension was to hear my side
7 of the story and he said oh, it sounds like you feel like
8 you're not being heard. He also said overall, Afraaz,
9 there's three things I look at when I look at residents. I
10 rate them on surgical skills. I rate them on their smarts,
11 their academic prowess, and also just how they get along
12 with their peers in terms of not getting into trouble. He
13 said I think in terms of your academic smarts you're
14 probably -- you're really smart, probably one of the best
15 we've had. He said in terms of your surgical skills you're
16 probably average, average-average minus, in that ballpark,
17 and he just said, you know, what I hear about you is what I
18 hear from Dr. Koon and others and it sounds like, you know,
19 there's some issue there in terms of working with him, et
20 cetera, and that's something you need to work on. So again
21 that was my meeting with him on the 18th. Subsequently
22 started the grievance process on December 19. Dr. Koon
23 actually called -- I'm sorry. Dr. Guy called Dr. Walsh to
24 help facilitate that and I started my grievance process on
25 the 19th, and I spoke with him over -- during the

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1 program, it was very clear that Doctor -- we're not on the
2 same page and Dr. Guy was sort of substantiating that.

3 Q. How was Dr. Guy substantiating that? I mean he
4 said apparently you're having problems with Dr. Koon. Is
5 there any other way other than that that he substantiated
6 that?

7 A. Substantiating that you are having problems with
8 Dr. Koon? So he substantiated it by saying it.

9 Q. Did you ever meet with Dr. Walsh about your
10 difficulties?

11 A. So talking about difficulties --

12 Q. I'm not talking about formal grievance. I'm
13 talking about did you meet with Dr. Walsh and talk with him
14 about your concerns?

15 A. Outside the formal grievance process?

16 Q. Correct.

17 A. I have to think about that. Give me a second.
18 So we had a six-month formal evaluation. Are we counting
19 that?

20 Q. That's outside the grievance process, isn't it?

21 A. Correct.

22 Q. Is that something everyone has?

23 A. Right.

24 Q. That would be counted then.

25 A. Okay. Then I met with him in January after I

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1 program, it was very clear that Doctor -- we're not on the
2 same page and Dr. Guy was sort of substantiating that.

3 Q. How was Dr. Guy substantiating that? I mean he
4 said apparently you're having problems with Dr. Koon. Is
5 there any other way other than that that he substantiated
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19 that?

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21 A. Correct.

22 Q. Is that something everyone has?

23 A. Right.

24 Q. That would be counted then.

25 A. Okay. Then I met with him in January after I

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1 talked to Kathy Stephens and after she denied my grievance
2 and I said that I would -- I met with Dr. Walsh on the 18th
3 of January and I spoke with him and I said look I want to
4 graduate from here. I want to do a fellowship. There are
5 two things that are really important to me and the two
6 things are I'm going to have to report a suspension on all
7 my licensures going forward, to medical board, et cetera,
8 that's going to be a problem in terms of getting a job,
9 that everything is taking six weeks, I think it was six
10 weeks of suspension, delay my graduation, can we work it
11 out so I can maybe substitute some vacation, et cetera, and
12 try to work it out so I can graduate. So Dr. Walsh said,
13 well, that's, that's okay, then I will suspend -- I won't
14 go to the Grievance Council. Dr. Walsh said I don't know
15 if that's all in my purview, but let me look at it. I'm
16 actually meeting with Dr. Stephens tomorrow and I'll talk
17 to Dr. Stephens. So he said in the meantime there's three
18 things I want you to think about. And he said the first
19 thing is, first of all just think, you know, this is
20 generally a big picture, this is a break for you, go home,
21 figure out is this something you want to do is first thing.

22 Q. Figure out if this is something you want to do?

23 A. Yeah. Same question Dr. Koon asked me at the
24 Grievance Council on December 5. Is this something you
25 want to do. Second thing is just so on a microscopic level

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1 what you think is going wrong. And the third thing which
2 is slipping my mind, but if you give me a second I could
3 probably come up with it. Oh, the third thing was again he
4 talked to Dr. Guy. He said it sounds like you don't feel
5 like you are being heard in this residency program. So let
6 me know what you think you need in order to be heard in
7 this residency program. And I said okay and in return,
8 Dr. Walsh, two things, one from you is can we change the
9 suspension to leave of absence and can we get those six
10 weeks so I can graduate on time. Dr. Walsh was standing at
11 his table, he asked me again, there's a piece of paper to
12 his right, he wrote down on the piece of paper, he said I'm
13 going to see Kathy Stephens tomorrow, I'll talk to her. So
14 I met with him then. And then -- of course, I didn't hear
15 back from him for quite awhile until after he thought the
16 Grievance Council deadline had past.

17 Q. Did he tell you that he didn't get back to you
18 until after he thought the grievance time had past?

19 A. Yeah. In his e-mail he said as you know the
20 deadline for a grievance council has already past. In the
21 e-mail he finally got back from which I believe was --

22 Q. What I'm asking you is did he tell you that was
23 the genesis of his timing or the reason that his timing was
24 as such?

25 A. It wasn't explicit. I sent him I think two

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1 like you're being heard.

2 A. Correct.

3 Q. In response to that you said to call the
4 suspension something else and make the six weeks not impact
5 your graduation.

6 A. No, that was -- these were separate issues. I
7 came forward with one of these two things. He said in
8 return I want you to think about these three things.
9 They're not related. It was -- Dr. Walsh was -- here's
10 your assignment, and I was like Dr. Walsh here's two things
11 I came to you with and he said okay, I'll take care of
12 this. This is what I want you in the interim to think
13 about.

14 Q. What did you think about the things he wanted you
15 to think about? What was your response to that?

16 A. You know, my response has been consistent that I
17 always wanted to do orthopedics. Dr. Koon asked me that.
18 I think he planted the seed in everyone's mind that for
19 some reason I didn't want to do orthopedics. This is what
20 I've worked my entire adult life towards. So I did not
21 respond to -- here's the thing.

22 Q. That --

23 A. I got to respect their opinion.

24 Q. That's okay. I don't need you to go into that.

25 A. Okay.

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1 issues -- it assumes that the following statements are
2 true. So I will accept that I was placed on Level II
3 remediation. I will disagree with four, because I don't
4 think those actually are correct. I'm going to amend that.

5 Q. Why were you placed on Level II remediation?

6 A. Well, I wish I got better clarification from
7 Dr. Koon.

8 Q. Why do you think you were placed on Level II
9 remediation?

10 A. Well, because I was singled out and treated
11 disparately from my peers.

12 Q. Why were you placed on Level II remediation?

13 A. I think you want to ask Dr. Koon why he treated
14 me differently.

15 Q. No, I'm asking you why you feel like you were
16 placed on Level II remediation.

17 A. I think because incomplete and improper analysis
18 of the facts was performed. The facts were mis, the facts
19 were misrepresented.

20 Q. By whom?

21 A. Well, the person who presented this document to
22 me was Dr. Koon. So I don't know if somebody told him
23 something and he accepted it or he failed to perform an
24 adequate investigation. I can't answer that specifically.

25 Q. Go onto paragraph 3.

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1 my mind what the setting was.

2 Q. Did you do this when you talked to the attendings
3 about things? Did you have to do this? Did you go into --
4 or could you answer the questions like they asked you?

5 A. -- they ask you this patient came in yesterday, I
6 don't have to go back and pull up a very -- a vignette that
7 is most likely -- if I asked you yesterday --

8 Q. Could you directly answer questions when they
9 asked them?

10 A. Absolutely. Absolutely.

11 Q. I'm asking you to the degree that you can do
12 that.

13 A. Okay, but it's a little -- I will, but it's a
14 little --

15 Q. I really don't need to know what left turns you
16 took. I appreciate what you're saying. I'm a very visual
17 person myself and I appreciate that, but you're also very
18 intelligent and to the degree that you can cut it to the
19 specific answer that would be very much appreciated.

20 A. So Harrison Goodno, he was like, yeah, I don't
21 know, we all do the same things, but you got singled out.
22 So that's Harrison Goodno. Let's go to Justin Hoover.
23 Justin Hoover actually at my January meeting, I think it
24 was January 28 if I recall correctly, at the faculty
25 meeting he was sitting to my left, Dr. Koon was sitting at

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1 the end of the table, Dr. Walsh was between them. Came to
2 the issue of the narcotic dosing and what I should have
3 done differently and I said, Dr. Koon, you know, I still
4 honestly could use a little guidance on what I'm supposed
5 to do properly. Kathy Stephens was there too. And
6 Dr. Koon turned to Dr. Hoover and said, well, Justin, what
7 would you do. Justin Hoover said I would've asked the
8 patient if there were any side effects, if there were any
9 neurological concerns, if there's any issue and if there
10 was, would've okayed no more narcotics and that's exactly
11 what I had said and it was the exact same thing said by a
12 different person and that was the standard of care and my
13 thing was incorrect.

14 Q. But wasn't the amount what was in issue?

15 A. He asked him to say what would Justin Hoover do.
16 Justin Hoover said he would've approved more narcotic
17 dosages. So you approve more and approving more you are
18 increasing the dosage. So, yes, it is -- it comes down to
19 should you increase the dosage, are you getting to a
20 dangerously high amount and that's what the screening
21 questions are, are you medically safe --

22 Q. And specifics matter there, don't they? When
23 you're talking about dosages, specifics matter?

24 A. It's patient specific.

25 Q. Anything else with Justin Hoover?

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1 A. Justin Hoover with respect to the knee patient of
2 Dr. Koon, he said -- I said -- Harrison and I were in the
3 room, it was Harrison, myself, Justin Hoover and we both
4 said, you know, Justin Hoover we don't know what to do, we
5 both told the patient to come in, the patient did not show.
6 He's like, yeah, I know, there's not much you could've
7 done, I would've done the same thing. You just got to, you
8 know, roll with it, grin and bear it, et cetera. This is
9 my senior resident saying he does and would do the exact
10 same thing again. So that's a couple of vignettes with
11 Justin Hoover.

12 You know, when I -- when -- and then here's -- so
13 Harrison Goodno told me to my face that we all do the same
14 thing, you got singled out. My senior resident Kenny
15 Lindley also said the same thing. He said that this has
16 just turned into a witch hunt. It's not about treating
17 fairly. It's about singling somebody out. That's Kenny
18 Lindley also telling me the same thing.

19 Q. Did he say why?

20 A. I talked to him personally.

21 Q. And you've submitted an e-mail from him, right?

22 A. Correct.

23 Q. Did he say why you were singled out?

24 A. Again I don't think you can take that e-mail as a
25 full capitulation of our conversation. Did he say --

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1 Q. Did he say why you were singled out?

2 A. Explicitly? Not in that e-mail, no.

3 Q. Did he ever in his entire life at any time he
4 ever spoke with you say why you were singled out?

5 A. So you're asking specifically residents, correct?

6 Q. I'm asking specifically Kenny Lindley. It's A
7 pretty easy question.

8 A. Well, because that's a little more generalizable
9 if you just ask for residents and residents would comment
10 on, oh, like pick on the brown guy, pick on that guy. So,
11 yes, those comments were made by the residents.

12 Q. Dr. Irani.

13 A. Yes, ma'am.

14 Q. I know your heritage may be one thing, but you're
15 no more brown than I am.

16 A. I've spent a lot of time indoors in the last few
17 years. I usually am very brown, okay. I haven't gone
18 out --

19 Q. Residents --

20 A. -- situations.

21 Q. Residents spend time indoors, don't they?

22 A. Okay, I don't want to discuss about our skin
23 color please.

24 Q. Pardon me. That's what you're suing my client
25 over. We're going to discuss it.

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1 as Defendant's Exhibit Number 18, Irani 517 through 519.

2 Are you familiar with this document?

3 A. It looks like an e-mail from myself to Kathy
4 Stephens trying to explain the remediation I guess.

5 Q. Is it fair to say that you go through very
6 specifically each of the issues brought up in the
7 remediation?

8 A. I go through the issues to the best of my
9 ability. I think that's a fair statement.

10 Q. Was there anything that restricted you from
11 stating anything further?

12 A. You don't want to walk the line of upsetting
13 Dr. Koon. He told me in this meeting, he said less you
14 forget, I sign your final evaluation. If I don't sign off
15 on it, you won't graduate from this program. He brought up
16 the issue of firing Chad Lamoreaux. So. And a few months
17 before that I had been assigned an article about sharks and
18 if you upset the sharks, you're in big trouble, don't
19 bleed.

20 Q. Did Dr. Koon assign you that article?

21 A. It is my understanding that he did. The e-mail
22 was sent by Justin Hoover, but it's my understanding that
23 Dr. Koon actually assigned it.

24 Q. On what is that based?

25 A. It's based on what -- his comments he said when

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1 he stood up at Za's Pizza for our journal club, and again I
2 remember exactly where I was standing. I remember where
3 Dr. Koon was. I think I was either at the last or second
4 last --

5 Q. You don't really -- don't have to describe it.
6 I'm fine with that.

7 A. I stood up and he said, you know, this is -- I've
8 not assigned this article to you randomly. So it was.

9 Q. He said -- now wait. He said I have not assigned
10 this to you randomly or this has not been assigned
11 randomly?

12 A. I believe -- he used a passive voice.

13 Q. Do you know whether or not Dr. Koon had any
14 information about the assignment?

15 A. Well, I mean, implicit in that is that, you
16 know --

17 Q. Do you know? I'm asking for factual knowledge.
18 What do you know to be fact?

19 A. It is my strong suspicion, but I do not have
20 anything beyond my very strong suspicion and the assumption
21 of other people in the room as well.

22 Q. Who else and how do you know it was their
23 assumption?

24 A. Well, I think Dr. Iaquinto also was very apparent
25 to him and pretty much everybody else in the room although

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1 statement of Dr. Iaquinto.

2 Q. It may well have been on purpose. Do you know
3 what that purpose was? Do you know if it was a positive
4 purpose?

5 A. I don't think it was a positive purpose. I think
6 it was seen by everybody as a threat. I mean Dr. Iaquinto
7 felt that way. I think talking to my co-residents at the
8 end, they're like, yeah, you know, whatever. Nobody told
9 me it's a positive.

10 Q. Was there anything that could have been presented
11 from that that could have been a positive?

12 A. I mean if somebody gives you a warning, you can
13 take that as a positive.

14 Q. Did Dr. Koon give you a warning?

15 A. I think this was a warning. I think this was a
16 warning not to mess with him. Not to upset him.

17 Q. If you're wrong in that?

18 MR. ROTHSTEIN: Object to the form of the
19 question.

20 Q. If that's an incorrect assumption, how does it
21 impact everything else?

22 A. I mean you're speculating.

23 Q. You're speculating, are you not?

24 A. I'm telling you what my assumption was reading
25 that article and I'm telling you what other people told me

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1 A. October, I'm sorry. 10/3. October 3, 2011, and
2 he said, not saying you're agreeing with anything, just
3 need you to sign it saying that you have received and
4 reviewed it. So I wrote received and reviewed.

5 (WHEREUPON, Defendant's Exhibit
6 No. 24 was marked for
7 identification only.)

8 Q. You've been handed a two-page document marked as
9 Defendant's Exhibit Number 24 and it's Bates stamped Irani
10 526 and 527. Are you familiar with this document?

11 A. Yes. This appears to be an e-mail response from
12 Dr. Koon to myself after I had sent Dr. Koon an e-mail
13 about a patient that we had some miscommunication about
14 regarding dictation.

Q. Did Dr. Koon have miscommunication?

16 A. Dr. Koon told me to take care of the VA patient's
17 dictation and I got a VA patient dictation in my in-box and
18 I went ahead and dictated it and so that led to
19 communication upon which patient we're talking about. I
20 think in situations like this, it's not good to point the
21 finger at one person. Could Dr. Koon have said the name,
22 yes. Could I have asked him for the name, yes. So. But I
23 just wanted to clear up a miscommunication we had.

24 Q. You sent him an e-mail to clear up -- prior to
25 this you had sent him an e-mail clearing up the

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1 miscommunication?

2 A. Yes.

3 (WHEREUPON, Defendant's Exhibit

4 No. 25 was marked for

5 identification only.)

6 Q. The court reporter has handed you a two-page
7 document marked as Defendant's Exhibit Number 25 and it's
8 Bates stamped Irani 524 and 525. Are you familiar with
9 this document?

10 A. I'm familiar with it. If I could review it if
11 you want me to comment on it.

12 Q. I'm just asking if you're familiar with it.

13 A. Yeah, I'm familiar. This seems to be an e-mail
14 that I sent Kathy Stephens outside of the grievance process
15 just to update her on things on how I thought I was
16 progressing and especially because I had gotten a few
17 vagaries from Dr. Koon regarding my performance, but the
18 direct feedback I got said my performance was okay.

19 Q. You did go ahead and contact her with regard to
20 those things, correct?

21 A. Yes. This is my e-mail to her.

22 Q. A number of these documents that I'm putting in
23 have had both cover sheets and some of them have had added
24 commentary at the very top that's typed on. Is that your
25 cover sheet that's on the various documents?

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1 Q. You've just been handed a document marked as
2 Defendant's Exhibit Number 27, and it's Bates stamped Irani
3 533 through 535. Can you tell me what this document is?

4 A. This is a write-up that I did to memorialize what
5 happened with regard to trauma female 375 which I was
6 informed was the purpose of my suspension in December.

7 Q. Do you recall when you wrote this up?

8 A. It says within three days of the incident.

9 Q. When you wrote it up, what did you do with this?
10 What did you do with it at that time?

11 A. I believe I eventually ended up sending a copy to
12 Kathy Stephens at some point if I'm correct. I could be
13 wrong on that.

14 Q. Did you ever provide Dr. Koon or Dr. Walsh with a
15 write-up of the events?

16 A. Dr. Koon never asked me what happened. Dr. Walsh
17 never asked me what happened. I initiated the grievance
18 council on December 19 was the first time I spoke with him
19 about it and it was an in-person meeting. He did not ask
20 me to provide written -- a write-up and it seems like I was
21 able to say all this when I spoke with him personally.

22 Q. You did speak to him about this?

23 A. I spoke with him December 19 as the first step in
24 my grievance policy.

25 Q. Does this contain any facts other than what you

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1 told Dr. Koon?

2 A. I didn't speak with Dr. Koon about trauma patient
3 375.

4 Q. Dr. Walsh?

5 A. Dr. Walsh.

6 Q. This contain -- I didn't know who he was then.

7 Does this contain any facts other than what you spoke with
8 Dr. Walsh about?

9 A. So, and I'm sorry if I misunderstood. Is your
10 question that every point in here was discussed with
11 Dr. Walsh? Is that the question?

12 Q. Is there anything in this document that you
13 wanted to discuss with Dr. Walsh that you didn't have the
14 opportunity to discuss with him?

15 A. Well, when I initiated the meeting with him, I
16 had the opportunity to meet with him and tell him what I
17 wanted to tell him.

18 Q. You initiated that meeting as part of the
19 Palmetto Health grievance, residency grievance program,
20 correct?

21 A. Yes, ma'am.

22 (WHEREUPON, Defendant's Exhibit
23 No. 28 was marked for
24 identification only.)

25 Q. You've been handed a one-page document marked as

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1 remediation?

2 A. Specifically as going through the grievance
3 process as laid out in the resident manual 1.1 through 1.5,
4 no.

5 Q. Let me ask you before I have it marked. Does
6 this document belong with the other?

7 A. I believe so.

8 Q. Let me ask you about one more and we can just
9 attach them all together if I've done it again. Does the
10 remediation plan belong with it, and if not, we'll have the
11 court reporter mark these documents. You were handed not
12 yet marked Irani 923 and then 924 through 927. If you look
13 at the very back of 927 is the resident verification. I've
14 reviewed and discussed the contents of this form. I don't
15 know if that's what you were referring to.

16 A. Right.

17 Q. These two parts belong with Defendant's 32?

18 A. I believe so.

19 MS. HELMS: If you all don't mind, we'll attach
20 those and make Defendant's 32 Irani 922 through Irani 927.

21 Q. I'm going to ask you if you look at the third
22 page that's Bates stamped as Irani -- beginning with 924
23 through 927, is that the remediation plan that was
24 presented to you?

25 A. This is the remediation plan that was presented

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1 to me at my January meeting which changed from my December
2 one, yes.

3 Q. How did it change from your December one?

4 A. Well, all of a sudden there's a list of new
5 competencies not being met that were not previously
6 identified.

7 Q. Does this remediation plan have -- what level of
8 detail would you consider it having as far as the plan?

9 A. The plan is pretty much a copy and paste of what
10 I understand is ACGME guidelines. I don't think in terms
11 of implementing this what I look at is for specific
12 incidents and how I can improve from those. As a
13 resident -- there are a lot of words here. I think there
14 were a lot of words and was short on specifics as related
15 to, for instance, I think, I think I would have been more
16 beneficial if they had just discussed specifics in more
17 detail.

18 Q. But in laying out a remediation plan, what did
19 you want?

20 A. So for instance, competency is not being met.
21 This is just a copy and paste of ACGME guidelines. Medical
22 knowledge, that's a copy and paste of ACGME guidelines.
23 These are stuff that has never been alleged and there's no
24 examples of why all of a sudden -- I was on suspension
25 following the December 5 memo and I was gone for six weeks

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1 and not once has there been any allegation that my medical
2 knowledge was lacking. I was told my OITE scores were
3 fine. I was told by Dr. Guy my medical knowledge is great.
4 Then I come back six weeks later and all of a sudden my
5 medical knowledge is all of a sudden suspect and so it
6 really begs the question is this really an individualized
7 evaluation or is he just copying and pasting pretty much
8 every single complaint that he can come up with or copied
9 and pasted somebody else's evaluation.

10 Q. Do you know if this is the way that the ACGME
11 expects remediation plans to list competencies?

12 A. I think the ACGME has listed competencies. I
13 don't think they have a certain way that it should be
14 listed. This is I think a copying and pasting of --

15 Q. Do you know if there is a manner in which
16 remediation plans should be done?

17 A. I don't know if there is specific, you know,
18 guidelines for table structure format. I know that the
19 resident is supposed to be given adequate notification,
20 adequate details, and adequate due process. However that
21 is implemented on paper, I don't know if there's structural
22 guidelines.

23 Q. You don't know whether or not the form utilized
24 by the residency process or the residency program whether
25 or not this remediation plan meets the criteria of the

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1 ACGME or not?

2 A. Yeah, I don't know if the ACGME has certain forms
3 they use.

4 Q. You just don't like this one? You didn't like
5 what was done?

6 A. Well, I think new allegations were levied without
7 actually providing specifics and so I found, I found it
8 actually to be a copy and paste and I asked Dr. Hoover for
9 clarification. He said don't fight it, just sign it.

10 Q. Have specifics been discussed with you as far as
11 patient care incidents?

12 A. I don't think they were. I don't think my side
13 of the story was listened to, and I don't think proper
14 investigations were done. So when you say discussed, I
15 think a discussion should be coming with a sort of unbiased
16 view and willing to consider the facts and so using that
17 definition, I think significant patient care incidents had
18 not properly been discussed.

19 Q. You didn't have an unbiased view, did you?

20 A. I think there are other ways you can look at it.
21 You can read the patient chart. You can talk to the
22 patients. I know in several instances I gave Kathy
23 Stephens a list of witnesses to talk to who might provide a
24 more balanced view.

25 Q. Is it the norm to call up patients and ask them

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1 Q. You've been handed a one-page document marked as
2 Defendant's Exhibit Number 42.

3 A. Yes, ma'am.

4 Q. USC295. Are you familiar with this document?

5 A. Yes. This is a letter after I grieved, grievance
6 1.2 which is Dr. Walsh and Dr. Walsh at that time informed
7 me there's no way the GMEC will rule against me. I
8 proceeded to 1.3 meeting with Kathy Stephens and then Kathy
9 Stephens told me that she would get back with me within ten
10 business days and she said -- she stood up and went to her
11 calendar and she said I think we should be clear, because
12 you're right, business, a business day is not explicitly
13 defined in the handbook or anywhere. So let's say it's
14 April 11, 2012, and that's why there's a specific date. So
15 after our conversation previously about this issue, she
16 made it very clear the date, and I'm sorry, this is the
17 date for my grievance, I apologize. But in our meeting she
18 made it very clear what ten days business days would be.

19 Q. On the other instance when you're referring to
20 that you didn't go forward -- you could not go forward on
21 the grievance because you were late on the ten days for the
22 Martin Luther King holiday.

23 A. I don't believe I was late. I believe I was --

24 Q. It was deemed to be late.

25 A. Kathy Stephens deemed it to be late. I believe

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1 that Martin Luther King Day is a federal holiday so I
2 believed it to be in keeping with ten business days.

3 Q. Do you know if the entire grievance system
4 follows with your interpretation of that?

5 A. There actually is no guidelines in the handbook
6 or anywhere that specifies what a business day is.

7 Q. Did you go over this issue with anyone in human
8 resources who regularly --

9 A. I did.

10 Q. -- sets forth these --

11 A. I did.

12 Q. -- dates. And did they inform you that --

13 A. I said this is, this is ten days. She said,
14 yeah, I know, it makes sense. So we talked -- we had to
15 talk to Kathy Stephens. So they deferred then -- I forgot
16 who I called, but HR told me we're going to talk to Kathy
17 Stephens. HR called me back and told me that Kathy
18 Stephens said that it is -- that they're that going to be
19 able to proceed.

20 Q. Do you know if that was a business holiday for
21 the residents?

22 A. I wasn't there that day. Residents, we don't
23 tend to count holidays, because we have to take call
24 anyway. Our orthopedic clinic would be closed. So by that
25 definition if we were on call that day and we go -- we

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1 were terminated?

2 A. Somebody told me I'm terminated?

3 Q. Do you recall when you found out that you were
4 terminated?

5 A. Yes, I found out. When I was terminated, it was
6 June 1, 2012. This is the letter in Exhibit 44 that says
7 you are -- the decision is final, everything is done with.

8 Q. Were you ever told you were terminated prior to
9 this?

10 A. You know what, I don't think so, because this was
11 not conveyed to me via spoken word. Dr. Koon did not say
12 you are terminated and this was only via e-mail. I don't
13 believe I have, hmm, been told.

14 Q. What were you grieving? Were you grieving a
15 suspension?

16 A. I was grieving an action to have me removed from
17 the program. So I was grieving the proposal to have me
18 terminated.

19 Q. From what you understand you had not been removed
20 from the -- there had not been a vote to remove you?

21 A. In my mind termination is terminal, final.

22 Q. No, no, no.

23 A. It is not final.

24 Q. I'm asking -- well, what does -- okay. We'll get
25 into that in just a minute. What were you told after the

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1 A. It was Dr. Hanypsiak.

2 Q. Were these people contacts that Dr. Guy deals
3 with?

4 A. Yeah. He put me in touch with them.

5 Q. Following your termination did you ever reach out
6 to these folks again and look for a job with them?

7 A. I don't believe I did, no.

8 Q. Did you ever have a conversation with Dr. Walsh
9 about pursuing areas other than orthopedic surgery?

10 A. I had a conversation with Dr. Walsh in the
11 grievance process to grieve my decision. During that
12 meeting Dr. Walsh said I'll just tell you right now that
13 GMEC Council is never going to vote against you, you should
14 think about leaving this program with dignity, i.e. quit
15 right now and at that time he was saying you should do
16 something else, because he made it clear to me that I was
17 going to be terminated. So at that point he said you
18 should consider doing something else, because we're going
19 to make sure you don't stay here.

20 Q. He said we're going to make sure you don't stay
21 here?

22 A. No, that is my summarization, but he said, his
23 specific words if you're asking was there is no way,
24 absolutely no way that GMEC would ever go against us. So
25 you should think about leaving the program with dignity.

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1 Those were his exact words. The rest of it I am actually
2 telling you the -- summarizing.

3 Q. Your impression? You're giving me your
4 impression, aren't you?

5 A. The exact words I quoted you should leave with
6 dignity, the GMEC will not rule against us, so you should
7 consider --

8 Q. Did he feel like that they had a strong case?

9 A. Did he feel like it?

10 Q. Did he state?

11 A. Yeah, of course, he thought he felt like he had a
12 strong case.

13 Q. Did Dr. Walsh ever discuss with you other
14 alternatives to practicing medicine?

15 A. Right. So at that meeting he was like you should
16 look into doing something else besides medicine and that is
17 the meeting where he said -- I think he again actually
18 referenced, you know, you should talk to some guys in
19 industry or something like that.

20 Q. Did he offer to help you?

21 A. I think if I had asked him for contacts --

22 Q. No. Did he offer? Did he offer to help you?

23 A. I don't remember him specifically, but again my
24 gestalt would be if, if I was going to leave and not pursue
25 termination, he would try and put me in touch with some

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1 depth of the supervision issue?

2 A. So the issue of supervision was raised by me
3 before this I think back in -- starting PGY2. Specifically
4 I can give you one example that's illustrative. I
5 complained about inadequate supervision with one of our
6 trauma attendings, Dr. Able who refused to come and take
7 care of a patient to which I requested his direct
8 involvement. Issues like this were very common. I
9 complained actually, this was at the hearing, I complained
10 about that to Dr. Koon. I complained about that to Dr. Guy
11 that I don't feel there's adequate resident supervision
12 here. Regularly at the Monday clinics, you know, Dr. Koon
13 would routinely show up --

14 Q. I don't need you to explain the supervision. I'm
15 just asking you --

16 A. You just asked me if I complained about it prior,
17 yes, ma'am.

18 Q. Other than the instances that you told me with
19 Dr. Able?

20 A. Yeah, I can go on. I was trying to give you more
21 specifics.

22 Q. But I don't need you to describe what you
23 complained about. I just need to know when you complained.

24 A. There were more incidents beyond that.

25 Q. When else did you complain about it?

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1 A. So again I have to go into specific incidents
2 that Dr. Voss when he came to clinic at 1801 on Mondays
3 would always show up on time. He would say you guys got to
4 make sure that your attendings are seeing Medicare and
5 Medicaid patients and not show up late, because that's
6 Medicare fraud and I said Dr. Voss, you know, Dr. Koon and
7 Dr. Walsh routinely don't show up when we're doing your
8 patients by ourselves and he said that needs to be changed,
9 because that actually would constitute I believe at that
10 time he said, but Medicare and Medicaid rules mandate that,
11 I believe they mandated that the patient must be seen by an
12 attending and he pointed out and my comment back to him was
13 we're not getting that kind of supervision. That was
14 earlier on in my PGY2 year. I think it was actually the
15 first time Dr. Voss was staffing an 1801 clinic as a PGY2.
16 And that was a similar complaint that I raised.

17 Q. Anything else?

18 A. So specifically I can give you -- this complaint
19 was known to my co-residents. Greg Hertzog, we were on
20 call, a patient came in with a chainsaw versus leg and his
21 leg was opened. He needed to go to the OR and we couldn't
22 find Dr. Mazaway. We paged him, we paged him. Took over
23 three-four hours, he never called back. We called his
24 house. We just couldn't get hold of our attending and a
25 patient needs -- is requiring operative intervention, we

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1 A. I was told that the presentation would function
2 in a vastly different way than actually it played out. So
3 I don't think I was given a fair understanding of what was
4 going to happen and I was a little disappointed in how
5 things were carried out.

6 Q. Did you prepare a script of basically what you
7 wanted to say in the grievance meeting before the Grievance
8 Committee?

9 A. Yeah, I believe I had an outline of what I was
10 going to read.

11 Q. Was that document something that you actually put
12 in with your other documents --

13 A. No.

14 Q. -- before the Grievance Committee?

15 A. No.

16 Q. Was that document approximately 20 pages?

17 A. Sounds about right.

18 Q. Were you able to provide the full contents of
19 that document in your presentation to the Grievance
20 Committee?

21 A. I think I was time limited so I don't -- I wasn't
22 able to provide -- I was only able to provide so much, but
23 everything I had prepared I was able to present.

24 Q. Were you able to put in before the Grievance
25 Committee all documents that you felt like were important

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1 to put forward?

2 A. See, this gets back to what I was told by Lin
3 Hearn. The structure of it was going to be that Dr. Koon
4 and whoever else, in this case Dr. Walsh, would present
5 their side of the story, after which I would present my
6 side of the story after which we would respond to questions
7 from the Grievance Council. Instead that did not happen.
8 Instead Dr. Koon and Dr. Walsh turned to me and it was a
9 cross examination. It was accusations. It was Catch-22
10 questions which is not what I was told. The other thing
11 Lin Hearn said this was sort of an investigation panel. So
12 my hope was I'd say look guys he's saying this, I'm saying
13 that's not true, please go look at the records, and my
14 understanding was that week interim was hopefully these
15 guys would go back and look at the primary evidence. If
16 there's an accusation that I didn't do X, Y and Z, let's just
17 not take what Dr. Koon said versus Dr. Irani, let's go back
18 and look at the evidence in the chart and I was led to
19 believe that would happen and so I didn't go and present
20 charts and all this other sort of stuff that I think would
21 have been -- I think would be very persuasive to an
22 independent panel. So I was disappointed that what I was
23 represented to go on was or the way the meeting would
24 happen was actually very polar opposite of how it actually
25 happened.

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1 lawsuit?

2 A. Did I stall my -- no, actually I -- no,
3 absolutely not. It's -- trust me, it's not fun being
4 employed -- unemployed for almost three years. That is not
5 a fun process, okay. What I've gone through has been
6 extremely traumatic, okay. I still -- it is unimaginable
7 that I would want that to continue for any while longer. I
8 absolutely did not do anything to stall. The only thing I
9 had to stall was because my depositions got pushed back. I
10 had a January start date for my new job and I was looking
11 forward to starting that. But I was informed that these
12 depositions would be pushed back to a later day. Because
13 of that, I had to push it back. I did not stall --

14 Q. Why? Why would you have to push it back? Why
15 couldn't you go ahead and start your new job?

16 A. Because we had multiple depositions and working
17 in a job that requires me to work a lot, I'm not going to
18 compromise the first job I've had in a long time. I want
19 to go in there and I'm going to give them my all and make
20 sure they have no reason to doubt anything but the best and
21 this is going to jeopardize it and take away from my job
22 performance.

23 Q. When were you given the job offer for the job
24 you're starting?

25 A. I believe last year.

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1 would, would be a fair assumption that I would've gone on
2 to be a spine surgeon. I think this was known.

3 Q. Would Dr. Grabowski have been the -- is
4 Dr. Grabowski the spine surgeon who trained residents at
5 Palmetto Health?

6 A. Dr. Parrott was when I entered. Dr. Grabowski
7 had just started for a couple months. At that time people
8 were still rotating with Dr. Parrott. I don't know --

9 Q. Did you ever rotate with Dr. Parrott?

10 A. I didn't rotate with Dr. Parrott. I don't
11 believe I ever rotated with Dr. Grabowski either.

12 Q. But you saw one of Dr. Grabowski's patients,
13 correct?

14 A. I saw one of Dr. Grabowski's patients, because I
15 believe Dr. Voss was out of town and Dr. Hoover told me to
16 cover Dr. Grabowski's patients.

17 Q. If Dr. Grabowski did not believe you were
18 qualified for a fellowship in spine, would it be more
19 difficult to obtain one?

20 A. Well, again, I don't know. If I worked with
21 Dr. Parrott, it's definitely possible that I could've had
22 Dr. Parrott trying to match me with a spine fellowship
23 program and so I don't think it's outside the realm of
24 possibility.

25 Q. If Dr. Parrott was not working with residents

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1 A. Average/average minus.

2 Q. And that he understood communication wise that
3 you had some difficulties with Dr. Koon.

4 A. Correct.

5 Q. So of the three categories it was positive with
6 regard to you being smart?

7 A. And I was, you know, at that point he also told
8 Dr. Walsh it's too soon to -- he told me it's too soon to
9 tell somebody's surgical skills. So I think Dr. Guy did
10 not think that this was something -- his evaluation at that
11 time clearly could have gone 360. Dr. Hydorn they always
12 talked about had a horrible evaluation, horrible PGY2 year,
13 did excellent by the end. So I can't sit here and say that
14 if those issues were not corrected I couldn't have -- I
15 think if the truth had come forward and I could have gone
16 on, maybe Dr. Grabowski and everybody would really see that
17 I'm an asset to the program. I don't think that's outside
18 the realm of possibility. I think when people are fed
19 factual inaccuracies it really clouds their vision and
20 that's what I was trying to clarify so that I can get a
21 fair shot and actually have a chance to shine.

22 Q. What were the factual inaccuracies?

23 A. You can start with the August 5, 2011, memo if
24 you would like.

25 Q. The content of the various disciplines you

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1 that we put in today, when Dr. Koon would ask you to please
2 write things up, did you -- are we missing any documents
3 where he then followed up with an e-mail and said I'm just
4 kidding don't you dare submit anything or did he ask you to
5 actually write up your side of things?

6 MR. ROTHSTEIN: I object to the form of the
7 question.

8 A. I'm trying -- so. I think we've turned over
9 everything relevant.

10 Q. Is there any instance when you were disciplined
11 that you were not asked to give a write-up or to give your
12 side of things?

13 A. Absolutely.

14 Q. Which ones are those?

15 A. Okay. So we can -- so. We have to again go from
16 the top in the documentation --

17 Q. Well, we don't have time for that. So your
18 testimony is that there are instances where you were not
19 allowed to give your side of the story?

20 A. That has been my consistent testimony, yes,
21 ma'am.

22 Q. The documents would reflect if we go through and
23 compare the documents to the remediation and to your
24 written responses we can tell what the accusations were and
25 what you actually responded to, correct?